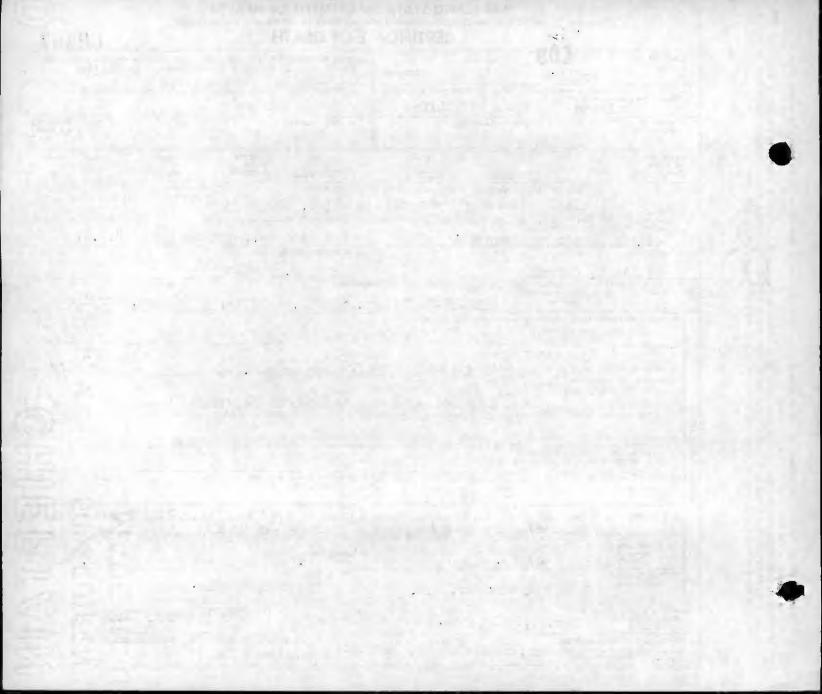
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00467

| o. COUNTY   | Caroline   | MARYLAND                  | o. STATE Maryl  |   | ry Caroline   |
|---|--|---------------------------|---|---|---|
| RURAL and give i                                  | (If outside corporate limits, write nearest town)  1 ehem                      | c. LENGTH OF STAY IN 16   | c. CITY OR TOWN (If o                                       |   | RURAL and give nearest town)  |
| d. NAME OF HOSP<br>OR INSTITUTION                 | ITAL (If not in hospital, give street  | address)                  | d. STREET ADDRESS   |   | e. 1S RESIDENCE<br>ON A FARM?<br>YES NO 🔼   |
| 3. NAME OF<br>DECEASED<br>(Type or print)         | First<br>Clinton   | Middle<br>Thomas          | Carroll   | OF                                      | anuary 22 19 61   |
| 5. SEX  | 6. COLOR OR RACE 7. MAR  |                           | B. DATE OF BIRTH  | 9. AGE (in year<br>last birthday        | rs IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.                           |
| Male  | White WIDOW  |                           | August 5, 189   |   |   |
| during mast of wo                                 | ON (Give kind of work done 10b<br>rking life, even if retired)  Farmer and Mer |                           | Caroline C  | Do., Maryland                           | U.S.A.  |
| 13. FATHER'S NAME                                 |  |                           | 14. MOTHER'S MAIDEN N                                       | IAME                                    |   |
| Villie  | T. Carroll   |                           | Aney F. I   | Marding                                 |   |
| 15. WAS DECEASED EV<br>(Yes, no, or unknown)      | ER IN U. S. ARMED FORCES? 16. [If yes, give war or dates of service]           |                           | NFORMANT  |   | ddress  |
| Yes   | WIT  | 218-16-7637 M             | cs. Mary M. Ca  | erroll, Bethle                          | ehem, Maryland  |
|   | ATH [Enter only one couse per I  | 4- 0                      | naun Oca  | Oueises                                 | INTERVAL BETWEEN  |
| 430   | IMMEDIATE CAUSE (6)  | auce Coro                 | may acco  | custone                                 | 1 we  |
| Conditions, if                                    |  | ronary a                  | eterissele  | reaci                                   | 20 year   |
| couse (o), stating<br>lying couse lost            | the under- DUE TO  | nevaline                  | arterios  | clerence                                | Do yes  |
| CATIC   | THER SIGNIFICANT CONDITIONS  | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI                                    | NAL DISEASE CONDITION (                 | GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO } \text{NO } \text{L} |
| 200. ACCIDENT W<br>OR CONTRIBUTING                | AS UNDERLYING 20b. DES<br>G CAUSE OF DEATH<br>Y MEDICAL EXAMINER)              | SCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in I                             | Port I or Port II of item 1B.)          |   |
| W 20c. TIME OF INJU<br>Hour a. m.<br>p. m.        | 10 While   | Not while                 | ACE OF INJURY (Hame, form ctory, street, office bldg., etc. | 20f. (City or town)                     | (Caunty) (State   |
| saw the deced                                     | at (1) (this haspital) attended  |                           |   |   | 22, 19 6 I that (I) (we) last and an the date stated above                          |
| 22a. SIGNATUR                                     | ave Bria   | muce                      |   | ED. STAFF PHYS.                         | Jan . 25 , 1901   |
| 22c. PHYSICIAN'S<br>NAME (Type)                   | Harold B. Plu  | umer, M.D.                | 22d. ADDRESS<br>Prestor                                     | n, Maryland                             |   |
| 23a, BURIAL CREMATI<br>REMOVAL (Specify<br>BUTLO) | ON, 236. DATE THEREOF  Jan. 25, 1961   | Junior Order              | Cenetery  | 123d. LOCATION (City, town<br>Hear rest | on, laryland (Stote)  |
| J.J. Frem.  | tom and Son, Fee   | deralsburg, Mar           | Erio 23.03  |   | GISTRAR'S SIGNATURE<br>Cirthug L. Kinnas  |



Then please remove carbon papers. Pages 1 and 2 should be filed with and in any event, within 72 hour after death.

OR ATTEMBING PHYSICIAN: The low requires that the death certificate be executed within 24 sained by the haspital or attending physician.

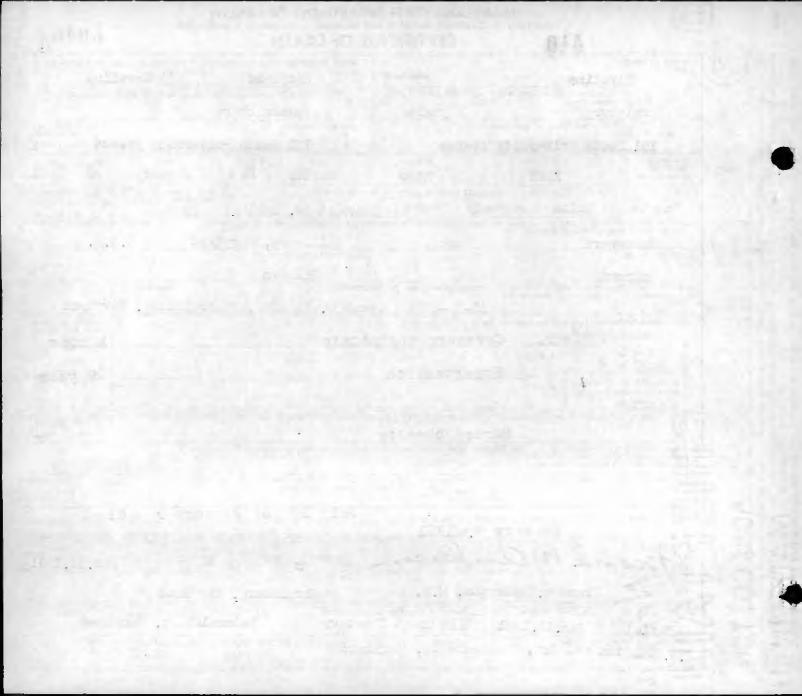
urs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0.0468

| L             |  | 410  |                | CERTIF                      | ICATE       | OF DE          | -MIII      |              |                   |          |             | 00 %        | 00                 |
|---------------|--|--|----------------|-----------------------------|-------------|----------------|------------|--------------|-------------------|----------|-------------|-------------|--------------------|
| 1             | PLACE OF DEATH                           |  |                |                             |             |                | ENCE (WI   | vere deceas  | ed lived. If in:  |          | Residence b | efore admi  | ssion)             |
| /             | o. COUNTY                                | coline   |                | MARYI                       | AND         | a. STATE       | Maryl      | and          | b. COL            | INTY (   | Caroli      | ne          |                    |
|               |  | If outside corporate l'imi                       | its, write     | c. LENGTH OF STAY I         | IN Ib       | CITY OR TO     | OWN (If o  | outside corp | orate limits, w   | ite RUR  | AL and give | nearest for | vn)                |
|               | Federalsh                                | ,  |                | 4 years                     |             | A :            | Feder      | alsbu        | rg                |          |             |             |                    |
|               |  | TAL (If not in hospital, g                       | jive street    | oddress)                    |             | d. STREET AL   | DDRESS     |              |                   |          |             | e. IS RE    | SIDENCE<br>A FARM? |
|               |  | outh Univer                                      | sity           | Avenue                      |             |                | 101. S     | outh         | Univers           | sity     | Avenu       |             | NO                 |
| 3.            | NAME OF                                  | Fir  | rst            | Middle                      |             | Last           |            | 4. DATE      |                   | Month    |             | Day         | Yeor               |
|               | (Type or print)                          | Marie  | 8              | Rose                        | )           | Char.          | les        | OF<br>DEATH  | 4 J8              | anue     | ry          | 9           | 19 61              |
| S             | SEX                                      | 6. COLOR OR RACE                                 | 7. MAR         | RIED 🙀 NEVER MARRIE         | D 🔲 B. D.   | ATE OF BIRTH   |            |              | 9. AGE (In y      |          | UNDER 1 Y   |             | 1                  |
|               | Female                                   | White  | WIDOW          | ED DIVORCED                 | D A         | ugust ;        | 25, 1      | 891          | 69                |          | lonths Do   | ys Hours    | Min.               |
| 10            | during most of war                       | ON (Give kind of work king life, even if retired | done 10b.      | KIND OF BUSINESS OF         | RINDUSTRY   | 11. BIRTHPLA   | ACE (State | or foreign   | country)          |          | 12. CITIZEN | OF WHAT     | COUNTRY            |
|               | Housey                                   |  | 1              | Home                        |             | Balt           | imore      | . Mar        | yland             |          | U.S.        | .A.         |                    |
| 13            | FATHER'S NAME                            |  |                |                             | 14          | MOTHER'S       | MAIDEN     | NAME         |                   |          |             |             |                    |
|               | Unknow                                   | m  |                |                             |             | U:             | nknow      | m            |                   |          |             |             |                    |
|               |  | ER IN U. S. ARMED FOR                            |                | SOCIAL SECURITY NO.         | 17, INFOR   | MANT           |            |              |                   | Address  |             |             |                    |
| L             | No                                       |  | 6              | 216-32-2894                 | Jac         | ob 0.          | Charl      | es, F        | 'ederal           | bur      | g, Nai      | cyland      | 1                  |
|               | 18. CAUSE OF DE                          | ATH [Enter only one co                           | use per li     | ine for (a), (b), and (c).] |             |                |            |              |                   |          |             | INTERVAL I  | BETWEEN            |
|               | PART 1. DEA                              | ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o         | )_ C           | oronary th                  | hromb       | osis           |            |              |                   |          |             | 1 ho        |                    |
| ı             | 120                                      | DUE TO   | )              |                             |             |                |            |              |                   |          |             |             |                    |
| 1             | Conditions, if                           |  | H              | vpertensi                   | on          |                |            |              |                   |          |             | 2 v         | 0238               |
| ı             | gave rise to i                           |  |                |                             |             |                |            |              |                   |          |             | 3           | V-10               |
|               | lying couse last.                        | , ,  | -              | 4                           |             |                |            |              |                   |          | 1           |             |                    |
| Š             | PART II. QT                              | HER SIGNIFICANT CON                              |                | CONTRIBUTING TO DEA         |             | RELATED TO     | THETERM    | INAL DISEA   | SE CONDITION      | N GIVEN  | I IN PART 1 | ) 19. WAS   | ORMED?             |
| IL'A          |  |  |                | rked obes                   |             |                |            |              |                   |          |             | YES [       | NO                 |
| CEPTIENCATION |  | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  | 20b. DES       | SCRIBE HOW INJURY OF        | CCURRED. (E | nter nature of | injory in  | Part I ar Pe | ort II af item 16 | 1.)      |             |             |                    |
| MEDICAL       | 20c. TIME OF INJUI                       | RY Manth, Doy, Ye                                |                |                             |             | OF INJURY (F   |            |              | ty or town)       |          | (Cov        | nty)        | (State)            |
| NA ED         | Hour o.m.<br>p.m.                        | 19   | While<br>at wa |                             | 1001019,    | sileoi, office | biog., etc | */           |                   |          |             |             |                    |
|               | 21. I certify the                        | at (1) (this haspital                            | ) attend       | ded the deceased            | fram        | July           | 10 19      | 60           | anuary            | 7 9      | 1961        | that (I)    | (we) last          |
| 1             | saw the decea                            | sed alive of ant                                 | iary           | 9,191961nd                  | that deat   | h occurred     | at4 A      | M, from      | the cause         | s and    | an the d    | ate state   | d abave.           |
| 1             | 220 SIGNATURE                            | 11 100   | 13             |                             |             |                |            |              |                   |          |             |             | 26.DATE            |
|               | Tre                                      | Mr. VI   | EL.            | nders                       | M.D.        | PHYS.          |            | ED.          | STAFF             |          | J           | an.ll       | ,1961°             |
| Н             | 224 PHYSICIAN'S<br>NAME (Type)           | - > 44   |                | 17.5                        |             | 22d. ADDRE     | _          |              |                   |          |             |             |                    |
|               |  | Frank M.   | Ander          | rson, M.D.                  |             | Fed            | erals      | burg         | Maryl             | and      |             |             |                    |
| 2             | Ba. BURIAL, CREMATIC<br>REMOVAL (Specify | ON. 236, DATE THEREC                             |                | 23c. NAME OF CEME           |             |                |            | 23d. LOC.    | ATION (City, N    | own, or  | county)     | - nd (St    | ate)               |
| -             | ומידינים                                 | Jan. Ba.   | 1961           | Hill Cres                   |             |                |            |              | eralsbu           |          |             |             |                    |
| 2             | T T FRAME                                | om and Son.                                      | Fed            | eralssuig,                  | Maryla      | nd             |            | D BY REGIS   |                   | REGISTR  | AR'S SIGN   | ATURE       |                    |
|               | 9.9 Trombo                               | 0.00   |                | 0,                          |             |                | DATEIAT    | V 13 '6      |                   | المالكان | 7 2. 10     |             |                    |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hour offer death. moy be TO HOSP VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland

25b. REGISTRAR'S SIGNATURE

Critica S. Kould

250. REC'D BY REGISTRAR

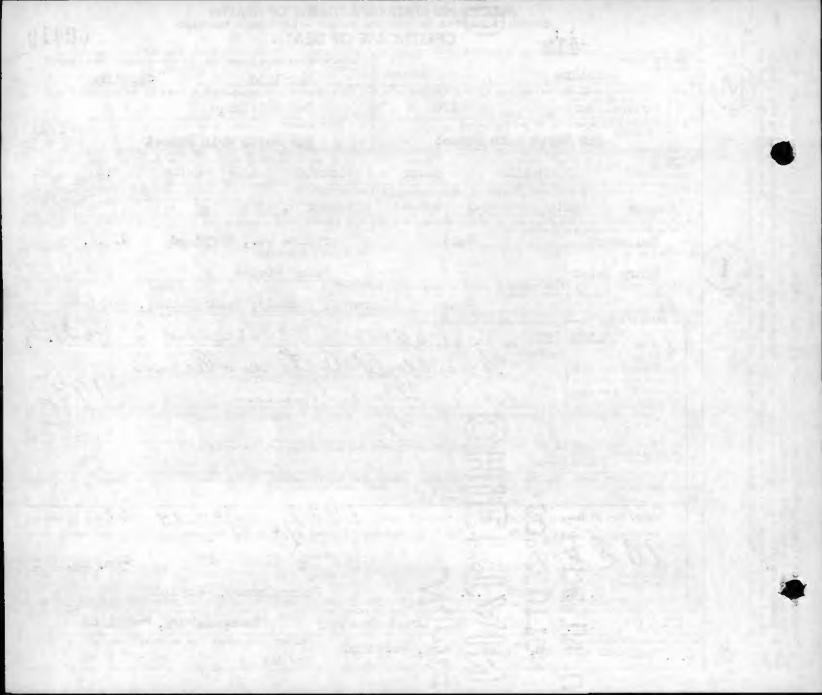
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPI

VR A15 (4) 15M 9/59

rs after death. Page 4

| _  |   |   |                            |  |            |   |           |                        |  |                 |                  |          |                   |  |
|--|---|---|----------------------------|--|------------|---|-----------|------------------------|--|-----------------|------------------|----------|-------------------|--|
| 1. [   | COUNTY C  | aroline   |                            | MARYL  |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Caroline |           |                        |  |                 |                  |          |                   |  |
| ı  | RURAL and give no   | f autside corporate limit<br>arest tawn)<br>LSD1112 | is, write                  | Life   | NIB        | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Federalsburg                    |           |                        |  |                 |                  |          |                   |  |
| 4  |   | AL (If not in hospital, g<br>318 North              |                            | d. STREET ADDRESS  318 North Main Street  6. IS RESIDENCE ON A FARM? YES   NO FY |            |   |           |                        |  |                 |                  |          |                   |  |
| -  | NAME OF<br>DECEASED<br>(Type or print)                    | Fin<br>Nel  | lie                        | Middle<br>Baker  |            | Nichols   |           | 4. DATE<br>OF<br>DEATH | Janus  | T.A.            | 15               |          | fear<br>961       |  |
| 5. \$  | Female  | 6. COLOR OR RACE                                    | 7 MARR                     | D IVORCED  |            | ate of Birth<br>ovember 8   | , 1       | 874                    | 9. AGE (In years<br>lost birthday)<br>86 yrs | Manths          |                  | Hours    | R 24 HRS.<br>Min, |  |
| Oc. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Housework  Home  Caroline  Co., Maryla |   |   |                            |  |            |   |           |                        | U.S.   |                 | OUNTRY?          |          |                   |  |
| 3.   | FATHER'S NAME   |   |                            |  | 1.         | 4. MOTHER'S MAID  | _         |                        |  |                 |                  |          |                   |  |
|  | Henry   | Baker   |                            |  |            | Nancy   | Br        | odes                   |  |                 |                  |          |                   |  |
|  | WAS DECEASED EVE  | R IN U. S. ARMED FOR                                |                            | SOCIAL SECURITY NO.  | 17. INFOR  |   |           |                        | Ad   | dress           |                  |          |                   |  |
| 1164   | No. or unknown)   | (If yes, give war or dotes of s                     | MANCE)                     | None   | Ler        | oy J. Nic   | hol       | s. Fe                  | ederalsbu                                    | irg.            | Mary.            | land     |                   |  |
|  |   | mmediate  | 4                          |  | ire        | art   | e (       | elie                   | clero  | sis             | Ð                | ERVAL BE |                   |  |
|  | couse (o), stoting<br>lying cause lost.                   | ) (c  | Wi                         | ill The  | Dega       | exteno  | e         | en                     |  |                 | /                | 93       | 6                 |  |
| CATION   | PART II. OTI  | HER SIGNIFICANT CON                                 | DITIONS C                  | ONTRIBUTING TO DEA   | BUTNO      | T RELATED TO THE TO   | ERMIN     | IAL DISEAS             | E CONDITION G                                | IVEN IN P       | ART 1(a)         | PERFO    | RMED?             |  |
| CERTIFI  | 20a. ACCIDENT W/<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY | AS UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)  | 20b. DES                   | CRIBE HOW INJURY OC  | CURRED. (E | nter nature of injury   | y in Po   | art I ar Por           | rt II of item 18.)                           |                 |                  |          |                   |  |
| MEDICAL  | 20c. TIME OF INJUE<br>Hour o. m.<br>p. m.                 | Y Month, Doy, Yes                                   | 20d. It<br>While<br>at war | Nat while  |            | OF INJURY (Home,<br>, street, office bldg.  |           |                        | y or town}                                   |                 | (County)         |          | (State)           |  |
|  | saw the decea   | at (1) (this haspital                               | . ,                        | ed the deceased 1<br>141961, and   |            | h accurred dit  | 19.<br>A. | M, fran                |  | 19.<br>Ind an t |                  | stated   | abave.            |  |
|  | 22c. PHYSICIAN'S  | & Sen   | n                          | m  | M,D        | ATTENDING PHYS. 22d. ADDRESS  | MEI       | O.<br>ECTOR []         | STAFF<br>PHYS.                               |                 | J <sub>an.</sub> |          | SIGNED<br>L961    |  |
|  | NAME (Type)   | W. E. Lenr  | on,                        | M.D.   |            |   | ral       | sburg                  | Maryla Maryla                                | and             |                  |          |                   |  |
| 23a  | BURIAL, CREMATIC<br>REMOVAL (Specify)                     | N, 23b, DATE THEREC                                 | )F                         | 23c. NAME OF CEME  |            |   |           | 23d. LOCA              | TION (City, lown,                            | or county       | n<br>ryla:       | (Stot    | e)                |  |



ers after death. Page 4

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| ı | page 3 should be detached for use as the burial-transit permit. Then | the State Board of Health prior to burial, cremation, or removal, and i |
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|  | 112  |                               | CERTIFI                               | CAIL       | OF DEA                              | AIR           |                        |   |             |                | 003                       | K ar I            |
|--|--|-------------------------------|---------------------------------------|------------|-------------------------------------|---------------|------------------------|---|-------------|----------------|---------------------------|-------------------|
| 1. PLACE OF DEATH                                      | 310  |                               |                                       |            | ETATE .                             |               |                        | lived. If institut                            |             |                |                           | ion)              |
| o. COUNTY  | Caroline   |                               | MARYL                                 | AND        | o. STATE                            | lary.         | Land                   | b. COUNTY                                     | ar          | olii           | ne                        |                   |
| RURAL and give I                                       | (If outside corporate lim<br>nearest town)<br>Con - Rural          | its, write                    | c. LENGTH OF STAY II                  | N 16       |                                     |               | utside corpor          | rate limits, write l<br>Rural                 | RURAL ond   | give nec       | rest town                 | )                 |
| d. NAME OF HOSPI<br>OR INSTITUTION                     |  |                               | address)                              | 1          | d. STREET ADD                       |               | Smith                  | Son   |             |                |                           | FARM?             |
|  | Near mi  | unson                         |                                       | 1.6        | -                                   | riegt.        | _                      | 15011   |             |                | AE2 K                     | NO 🗆              |
| 3. NAME OF<br>DECEASED<br>(Type or print)              | Frede  | orick                         | Middle                                | Q          | uidas                               |               | 4. DATE<br>OF<br>DEATH | Janus   |             | 19             | ,                         | Year<br>1961      |
| s. sex<br>Male   | 6. COLOR OR RACE White   | 7. MARR                       | NEVER MARRIED DIVORCED                |            | May 7,                              | 1887          |                        | 9. AGE (In years<br>lost birthday)<br>73 yrs. | Months      | 1 YEAR<br>Days | Hours Hours               | R 24 HRS.<br>Min. |
| 100. USUAL OCCUPATE                                    | ION (Give kind of work<br>rking life, even if retired              | dane 10b.                     | KIND OF BUSINESS OR                   | INDUSTRY   |                                     | ,             |                        |   |             |                |                           | OUNTRY?           |
| Farmer   |  |                               | Farm                                  | 10         |                                     |               |                        | Marylar                                       | id U        | .S.            | A.                        |                   |
| 13. FATHER'S NAME                                      |  |                               |                                       | 1          | 4. MOTHER'S M                       |               |                        | G   |             |                |                           |                   |
|  | tto R. Quid  |                               |                                       |            |                                     | Albe:         | rtine                  | Schulke                                       |             |                |                           |                   |
| 15. WAS DECEASED EV<br>{Yes, no, or sinknown}          | ER IN U. S. ARMED FOR<br>(If yes, give wor or dates of             | service)                      | social security no.                   | Mrs        | . Fanni                             | e. W          | . Quid                 | 11  | ston,       | rid.           | , RFI                     | 0                 |
|  | ATH [Enter only one co<br>ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (c |                               | ne for (o). (b), and (c).] te Coronal | ry Oc      | clusic                              | n             |                        |   |             | INT            | RVAL BE<br>ET AND<br>1 hr | DEATH             |
| Conditions, if   | ony, which   |                               | terioscle                             | rotic      | Heart                               | t Di          | 8088                   |   |             |                | 10 yr                     | rs                |
| gove rise to<br>couse (o), stating<br>lying couse lost | the under- DUE TO  |                               | neralized                             | Arte       | rioscl                              | Lero          | sis                    |   |             |                | 15yr                      | 'B                |
| PART II. O1  | THER SIGNIFICANT CON   | IDITIONS (                    | CONTRIBUTING TO DEA                   | TH BUT NO  | T RELATED TO T                      | HE TERM!      | NAL DISEASI            | CONDITION GI                                  | VEN IN PAR  |                | PERFO                     | 100               |
|  | YAS UNDERLYING ☐<br>G ☐ CAUSE OF DEATH<br>Y MEDICAL EXAMINER)      | 20b. DES                      | CRIBE HOW INJURY OC                   | CURRED. (E | nter noture of i                    | njury in I    | Port I or Part         | II of item 18.)                               |             |                |                           |                   |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.               | 10   | or 20d, II<br>While<br>of wor | Not while                             |            | OF INJURY (Ho<br>, street, office b |               |                        | or town)                                      | -           | County)        |                           | (Stote)           |
|  | at (1) (this haspita   | ) attend                      | led the deceased f                    | rom 8/     | 22/                                 | 12<br>nt6 + 2 | 42 to                  | 1/19/   |             |                |                           | we) last          |
| 220. SIGNATURE   | ing B  | (7)                           | musuk                                 |            | ATTENDING                           | ME            |                        | STAFF<br>PHYS.                                | u ui m      |                |                           | b. DATE           |
| 22c. PHYSICIAN'S<br>NAME (Type)                        | Harold B   | . Plu                         | mmer, M.D.                            |            | 22d. ADDRESS                        |               |                        | Maryla  | nd          |                | 4                         |                   |
| 230. BURIAL, CREMATION REMOVAL (Specify Burial         | Jen 27.  | 1961                          | 23c. NAME OF CEME<br>Junior 0         |            |                                     | 7             |                        | TON (City, town,<br>r Presto                  |             | ryla           | nd Stot                   | e)                |
| J.J. Frampt  | e's signature son,   | Fede                          | eraisourg, l                          | laryla     | and 2                               | So. REC'I     | N 2 6 '6               | RAR 256. REG                                  | ISTRAR'S SI | GNATU          | RE<br>L/B                 |                   |

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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|               |   | 414  |                  | CERTIF                             | FICAT            | ΓE          | OF DEA                                 | TH       |                        |                                 |            |                |                | OO.             | 344                        |
|---------------|---|--|------------------|------------------------------------|------------------|-------------|--|----------|------------------------|---------------------------------|------------|----------------|----------------|-----------------|----------------------------|
| 1. (          | PLACE OF DEATH  |  |                  | MAD                                | YLAND            |             | USUAL RESIDENCE                        |          |                        | d ived If instit<br>6 COUN      |            | Resider        | ce befa        | re admis        | sion)                      |
|               | CITY OF TOWN  | Caroline (If outs de corporate limi                      |                  | c. LENGTH OF STAY                  |                  |             | c CITY OR TOW                          |          | and                    | enta limits weit                |            |                | ilo.           |                 | n)                         |
|               | Rural   | "R'idgely  |                  | 80 Yrs                             | LI               | "Amenia"    | Rural 1                                |          |                        |                                 | u KOKA     | 16 0170        | give no.       |                 |                            |
|               | OR INSTITUTION  | ITAL (If not in hospital, g                              | one              | oddress)                           |                  | 1           | d. STREET ADDRE                        |          | one                    |                                 |            |                |                |                 | SIDENCE<br>FARM?<br>NO [   |
|               | NAME OF<br>DECEASED<br>(Type or print)                          | William <sup>fir</sup>                                   | st               | Hersey                             |                  | R           | edden                                  |          | 4. DATE<br>OF<br>DEATH | ٨                               | Agnih<br>1 |                | Do             |                 | Yeor<br>1963               |
| 5 5           | ale   | 6 COLOR OF RACE<br>White                                 | 7 MARR<br>WIDOWE | IED NEVER MARRI                    |                  | -           | TE OF BIRTH                            | 73       |                        | 9 AGE (In year<br>lost birthday | rrs. IF    | UNDER<br>onths | 1 YEAR<br>Doys | IF UND<br>Hours | ER 24 HI                   |
| 10a           | during most of wo Farm OW                                       | ON (Give kind of work rking life, even if retired<br>ner | done 10b.        | KIND OF BUSINESS OF Farming        | OR INDUS         | TRY         | 11. BIRTHPLACE                         |          | -                      | ountry)                         | ,          |                | J.S.           | · A ·           | COUNTR                     |
| 13.           | FATHER'S NAME   |  |                  |                                    |                  | 14          | . MOTHER'S MAI                         |          |                        |                                 |            |                |                |                 |                            |
|               | Joh   | n Redden   |                  |                                    |                  |             |  | Ma       | ary F                  | Inowel                          |            |                |                |                 |                            |
|               | WAS DECEASED EV   | ER IN U. S. ARMED FOR                                    |                  | SOCIAL SECURITY NO                 | ). 17, <b>IN</b> | FOR/        | MANT                                   |          |                        | A                               | ddress     |                |                |                 |                            |
|               | No  | (it you, give true or called or a                        |                  | None                               | Mrs              | S.          | Mildre                                 | ed       | List                   | er Rid                          | lge        | ly,            | Ma             | aryl            | Land                       |
| No            | Canditions, if gave rise to cause (a), stating lying couse last | immediate DUE TO   | 1                | Gangren General                    | ized             | A           | rterio                                 | scl      | eros                   | is                              |            |                |                | 9 WAS           | ALTOPS<br>DRMED?           |
| CERT FICATION | OR CONTRIBUTION   | 'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)  | 20b. DESC        | CRIBE HOW INJURY O                 | OCCURRED         | ). (En      | nter nature of inju                    | ury in P | art I or Por           | t il of item 18 )               |            |                |                | YES _           |                            |
| MED CAL       | <u> </u>  | IRY Month, Day, Ye                                       | Whie             | NJURY OCCURRED  Not while  of work |                  |             | OF INJURY (Hame<br>street, affice bldg |          |                        | or town)                        |            | (              | County)        |                 | (Sta                       |
|               |   | at (1) (this haspita                                     |                  | led the deceased                   | from             | Dе          | c.31                                   |          |                        | Jan.                            |            |                |                |                 |                            |
|               | sow the ecec  | ased alive an Ja   | /                | marler.                            |                  | eath<br>w.D | ATTENDING PHYS                         | ME       |                        | STAFF PHYS                      | and (      | an th          | e date         |                 | d abay<br>Sb DATE<br>S GNI |
|               | 22c PHYSICIAN'S<br>NAME (Type)<br>Charl                         | es H.Ston  |                  |                                    |                  |             | 22d. ADDRESS                           |          |                        | Maryla                          | nd         |                |                |                 |                            |
| 230           | BURIAL, CREMATA<br>REMOVAL (Specify<br>BULL 18                  | rh = =====   | )F               | Greens                             |                  |             |  |          | 23d. LOCA              | nsbor                           | n, ar c    | l.ar           |                | (Sto            | te)                        |
| 24            | PUNERAL DIRECTO   | R'S SIGNATURE  | Yno              | ADDRESS                            | 0                | m           | 1                                      | REC'E    | BY REGIST              | TRAR 255 RI                     | EGÍSTR     |                | GNATU          |                 |                            |



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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|                      | 4  |                                    |                        |                  |              |                                  |                  |                               |
|----------------------|--|------------------------------------|------------------------|------------------|--------------|----------------------------------|------------------|-------------------------------|
| 1. PLACE OF DEATH    |  | MARYLAN                            | o. STATE               |                  | deceased     | lived. If institution 6. COUNTY, | n: Residence bel | fore admission)               |
|                      | DLINE, CO.   |                                    | MA                     | RYLAND           |              | (                                | CAROLINE         | G, CO.                        |
| RURAL and give       | (If outside corporate limits, nearest town)              | write c. LENGTH OF STAY IN 1       | G. CITY OR             | TOWN (It outs    | ide corporo  | te limits, write RI              | JRAL and give n  | earest town)                  |
|                      | BURG, MARYLAN  |                                    |                        | ALBURG,          | MARY         | LAND.                            |                  |                               |
| d, NAME OF HOS       | PITAL (If nat in haspital, give<br>N                     | e street address)                  | d. STREET              | ADDRESS          |              |                                  |                  | e. IS RESIDENCE<br>ON A FARM? |
| NONE                 |  |                                    | NONE                   |                  |              |                                  |                  | YES NO                        |
| NAME OF<br>DECEASED  | First  | Middle                             | Lo                     | 4                | . DATE<br>OF | Mon                              | h C              | Day Year                      |
| (Type or print)      | GE   | ORGE W.                            | SELLERS                |                  | DEATH        | 1.                               | 2                | 19 6                          |
| . SEX                | 6. COLOR OR RACE 7                                       | MARRIED NEVER MARRIED              | 8. DATE OF BIRT        | Н                | 9            | . AGE (In years                  |                  | R IF UNDER 24 HR              |
| MALE.                | WHITE  | VIDOWED DIVORCED                   | 9/24/1                 | 877              |              | lost birthday)                   | Months Days      | Hours Min.                    |
| Da. USUAL OCCUPA     | TION (Give kind of work do                               | ne 10b. KIND OF BUSINESS OR IN     | DUSTRY 11. 81RTHP      | LACE (State or   | foreign cau  | intry)                           | 12. CITIZEN      | OF WHAT COUNTRY               |
| FARMER               | orking life, even if retired)                            | FARMER                             | MAD                    | YLAND            |              |                                  | II G             | 5.A.                          |
| 3. FATHER'S NAME     |  | I ATUITAL                          |                        | MAIDEN NA        | WE           |                                  | 0.5              | 0.25. 0                       |
|                      | OCCITOR O  | TO                                 |                        | _                |              |                                  |                  |                               |
| JOHN I               | F. SELLERS<br>VER IN U. S. ARMED FORCE                   |                                    | LIZABETH               | J. RUPE          | ) LET        | Addr                             | Att              |                               |
| Yes, no, or unknown) | If yes, give war or dates of serv                        | ice)                               |                        |                  |              |                                  |                  |                               |
| NO                   | NO   | NO M                               | RS. EVERE              | LL MILI          | EY, F        | EDERALBI                         | JRG, MAR         | LYLAND                        |
|                      |  | e per line for (o), (b), and (c).] | 0                      |                  | _            | 1                                | IN               | ITERVAL BETWEEN               |
| PART I. D            | EATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)_              | lecute (                           | orona                  | m. 1             | ) ucl        | usen                             | 7                | 0                             |
| 420                  | DUE TO   | ^                                  | 0                      | 1                |              |                                  |                  |                               |
| Conditions, if       | ony, which )   | (Am                                | en Y                   |                  | 11.          |                                  |                  | 2 culi                        |
| gave rise ta         | immediale ( DUE TO                                       | 0.                                 | 1                      | rucu             | 77           | -                                |                  |                               |
| lying couse los      | g the under-   | (later as                          | - Oo. B.               | : 11/            | and.         | Die                              |                  | 20 mm                         |
|                      |  | TIONS CONTRIBUTING TO DEATH        | BILL NIOT BELATED TO   | THETERMINI       | DICEACE      | CONDITION GIV                    | EN IN PART 1(a)  | 19. WAS AUTOPS                |
| 1 1 1 1 1 1          | THE STORM CORD   | HONS CONTRIBOTING TO STATIT        | BUT NOT KELATED IT     | Y THE LEWMINS    | C DISTASE    | CONDITION ON                     | EN IN I AKT 1(0) | PERFORMED?                    |
| 5                    |  |                                    |                        |                  |              |                                  |                  | YES NO                        |
| PART II. CO          | WAS UNDERLYING 21 NG CAUSE OF DEATH FY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCU           | RRED, (Enter noture    | of injury in Par | t I or Port  | II of item 18.)                  |                  |                               |
| 20c. TIME OF INJ     | URY Month, Doy, Year                                     | 20d. INJURY OCCURRED   20e.        | PLACE OF INJURY        | Home, farm,      | 20f. (City o | or fown)                         | (County          | y) (Stat                      |
| Haur o. m            | 10   | While Nat while                    | factory, street, offic | e bldg., etc.)   | , ,          |                                  | ,                |                               |
| -                    | 1.   | at wark at work                    | 0 ( * 1                |                  |              |                                  |                  |                               |
| 21. I certify t      | hot (I) (this hospital)                                  | ottended the deceased from         |                        |                  |              | an.24                            |                  | that (I) (we) to              |
|                      | osed alive an Jan  | 21 1961, and the                   | at death occurre       | d at 8 A N       | , from t     | he causes an                     | d an the dot     | te stated obav                |
| 22a. SIGNATURE       |  |                                    | 7                      |                  |              |                                  |                  | 226. DATE<br>SIGNE            |
| /                    | MIL  | amil                               | M.D. ATTENDIN          |                  | CTOR [       | STAFF<br>PHYS.                   |                  | SIGNE                         |
| 22c. PHYSICIAN'S     |  |                                    | 22d. ADDR              | ESS              |              |                                  |                  |                               |
| NAME (Type           | H. R. Tra  | pnell, M.D.                        | Fed                    | lerals           | hura         | Maryl                            | and              |                               |
| 3a. BURIAL, CREMAT   |  | 23c. NAME OF CEMETER               |                        |                  | 7007-1       | ON (City, town, o                |                  | (State)                       |
| REMOVAL (Speci       | fy)  |                                    |                        |                  |              |                                  |                  | (31018)                       |
| BURIAL               | 1/26/1961  | DORCHESTER                         | MEMORIAL.              | PARK             | CAMBE        | The second name of the second    | RYLAND           | 7 (00                         |
| FUNERAL DIRECTO      |  | ADDRESS                            |                        | 250. REC'D       |              |                                  | TRAR'S SIGNAT    | 1 -                           |
| LE COMPTE            | FUNERAL SERV   | ICE, CAMBRIDGE,                    | MARYLAND.              | DATE             | A I          | 61                               | Lithur S. 1      | inally,                       |

\* , \* \* . I 2<sup>1</sup>1 51 e is the state of Note that the second of the se THE COURSE THE SECOND S

| 1 18  | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|---|--|
|   | 416 CERTIFICATE OF DEATH  Reg. Dist. No. CO414   |
| Page A filed with   | 1. PLACE OF DEATH a. COUNTY CAROLINE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAROLINE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CAROLINE  MARYLAND  |
| pe e  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| by the fun  | d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  e. IS RESIDENCE ON A FARM? YES \( \) NO IV  |
| 24 hou  | 3. NAME OF DECEASED (Type or print) HENRY EARLE SYSTH 4. DATE OF DEATH VAN. 13 19 61   |
| d within 2<br>letely fille<br>s. Pages  | 5. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED Sept 24 1874   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   If UNDER 1 YEAR   IF UNDER 24 HRS.   If U |
| executed and cample and papers.   | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (1. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY (1. BIRTHPLACE (State or foreign country))   |
| 2 505   | 13 FATHER'S NAME (Jally Shottle Farme (Jally   |
| ng physician e remove can 72 hours aft  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no. or unknown)   Ill you, give wor or dottee of service)  Address  Earle  Luck   |
| uires that the death<br>gned by the attendi<br>permit. Then pleas<br>in any event within  | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoling the under- lying couse lost.  (c)  |
| The law req<br>g physician.<br>has been si<br>urial-transit<br>smoval, and  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO   |
| attending attending attending artificate by the bound on the bound of |  |
| PHYS dividion this co   | Hour a. p., p. m. 19 While of work at work factory, street, office bidg., etc.]  |
| ined by the hosp<br>DIRECTOR: After<br>Id be detached f<br>prior to burial,   | 21. I certify that I attended the deceased from November. 1960, to Sankary, 1961, that I last saw the deceased alive on 13 - Mary 1961, and that death occurred at 10 - M, from the causes and on the date stated above.  ACTUAL SIGNATURE DATE SIGNED  M.D. 16 North 2 th 5t; Denton, Maryland 15-lands   |
| OSPIZAL O   | PHYSICIAN'S Dale R. Kollman, M.D.  |
| moy b<br>O FUN<br>page<br>the reg   | 220-BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State)   |
| YS A15 (4)<br>15M 9/55  | 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  DATE 1881 1 7 161  |

